

FILED

ANTHONY RAYMOND IRIBOYEN #150038
 DANIEL STEVEN MARTINEZ #71227
 GILBERT LEVI CORTEZ #23541

Name and Prisoner/Booking Number

RECEIVED

JUN 13 2022

MERCED COUNTY MAIN JAIL

Place of Confinement

700 W. 22ND ST.

Mailing Address

MERCED, CALIFORNIA 95341

City, State, Zip Code

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIABY W DEPUTY CLERKCLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY W DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
 FOR THE EASTERN DISTRICT OF CALIFORNIA

ANTHONY RAYMOND IRIBOYEN
 DANIEL STEVEN MARTINEZ
 GILBERT LEVI CORTEZ

(Full Name of Plaintiff)

Plaintiff,

v.

CASE NO. 1:22-CV-00483-SAB

(To be supplied by the Clerk)

(1) MERCED CO. CORRECTIONAL DIV.

(Full Name of Defendant)

(2) _____

(3) _____

(4) _____

Defendant(s).

CIVIL RIGHTS COMPLAINT
 BY A PRISONER

☐ Original Complaint☒ First Amended Complaint☐ Second Amended Complaint☐ Check if there are additional Defendants and attach page 1-A listing them.

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).☐ Other: _____2. Institution/city where violation occurred: MERCED MAIN JAIL

B. DEFENDANTS

1. Name of first Defendant: MERCED CO-CORR. DIVISION. The first Defendant is employed as:
_____ at MERCED MAIN JAIL.
(Position and Title) (Institution)
2. Name of second Defendant: _____. The second Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)
3. Name of third Defendant: _____. The third Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)
4. Name of fourth Defendant: _____. The fourth Defendant is employed as:
_____ at _____.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**CLAIM I**

1. State the constitutional or other federal civil right that was violated: INDETERMINATE SEGREGATION AND 24 HOUR LOCKDOWN

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>SEGREGATION/24 HOUR LOCKDOWN</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

THE NORTHERN/SOUTHERN HISPANICS HAVE BEEN SEGREGATED FROM THE GENERAL POPULATION FOR OVER A DECADE. THIS ISSUE HAS BEEN ADDRESSED OVER THE COURSE OF SEVERAL YEARS BOTH VERBALLY AND FORMALLY TO NO AVAIL. SUGGESTIONS ON HOW TO INTEGRATE INMATES HAVE BEEN PROVIDED TO AVOID CLASHES BETWEEN PERCEIVED RIVAL FACTIONS, AS WELL AS UTILIZING THE WAY THEY RUN THE QUARANTINE PROCESS AS A WAY TO HOUSE US. RATHER THAN ADHERING TO SUCH THEY DECIDED TO HOUSE RIVAL FACTIONS TOGETHER TO INCITE VIOLENCE, THEN USED IT AS AN EXAMPLE TO CIRCUMVENT OUR EFFORTS TO INTEGRATE. FURTHER INMATES IN MERCED COUNTY ARE SUBJECTED TO BEING CONFINED TO THEIR CELLS FOR 24 HOURS A DAY, WITH NO OUT OF CELL TIME EXCEPT FOR THE FEW HOURS (3-4) WE RECEIVE YARD. WE'VE REQUESTED MORE YARD/ OUT OF CELL TIME AND INTEGRATION, EVEN PROVIDED METHODS IN WHICH IT WOULD WORK. YET IT IS DENIED BY MERCED CO. ADMINISTRATION EVERY TIME, THEY CITE SAFETY ISSUES/SECURITY ISSUES FOR DENIAL. YET HOUSE NORTHERNERS • WHITES • OTHERS • PAISAS • BLACKS TOGETHER IN QUARANTINE WITH NO ISSUES, THEN HOUSE SOUTHERNERS THE SAME MINUS NORTHERNERS. BUT SAY THEY CAN'T DO IT BECAUSE OF SECURITY REASONS WHICH IS CONTRADICTING, OUT OF CELL TIME ALSO DENIED DUE TO BEING ALLOWED YARD.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

CONFINED TO QUARTERS FOR 24 HOURS AT A TIME TAKES A TOLL ON THE HUMAN MIND AND INDETERMINATE SEGREGATION CREATES ANTI-SOCIAL DISORDERS IN INMATES WHICH IS WHAT IS TRANSPIRING IN MERCED COUNTY CORRECTIONAL FACILITIES.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

1. State the constitutional or other federal civil right that was violated: DENIAL OF PROPER AND NECESSARY MEDICAL CARE

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input checked="" type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other:	

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

MEDICAL PERSONNEL IN MERCED CO. CORRECTIONAL FACILITIES, PICK AND CHOOSE WHAT AND WHO'S ISSUES TO TREAT THOROUGHLY. IT IS UNETHICAL, DUE TO THEIR INACTIONS INMATES WITH HEALTH CARE DEFICIENCIES, ARE FORCED TO SIMPLY TOLERATE AND LIVE WITH THEIR PAIN. INMATES ARE ADVISED THAT NOTHING CAN BE DONE, AND TO ADDRESS OUR ISSUES EITHER UPON OUR RELEASE OR DEPARTURE TO C D C R. HOWEVER MANY OF US HAVE BEEN HERE AWAITING TRIAL FOR (2) PLUS YEARS, AND IF A CLEAR AND EVIDENT PHYSICAL DEFICIENCY IS POSSESSED BY AN INMATE THAT CAUSES DISCOMFORT AND/OR INCREASED RISK TO THEIR PERSONAL HEALTH WE'RE TOLD BEAR WITH IT IF NOT FILE A GRIEVANCE. IT IS CRUEL AND UNUSUAL TREATMENT TO KEEP INMATES IN CONSTANT PAIN, NO MEDICAL ISSUE BIG OR SMALL SHOULD BE DISREGARDED BECAUSE IT ISN'T LIFE THREATENING. ALL PERSONS INCARCERATED OR OTHERWISE SHOULD BE AFFORDED PROPER MEDICAL TREATMENT, THE DENTAL PLAN AS WELL IS ABSURD AS IT ONLY AUTHORIZES PERSONNEL TO PULL TEETH, THERE IS NO FUNDING FOR "CAVITY FILLINGS" "CAPPING" OR PRESERVATION OF TEETH. SO THE GO TO IS "WE CAN PULL IT" IF NOT THEN DEAL WITH THE PAIN. THIS HAS BEEN ADDRESSED ON SEVERAL LEVELS ALL TO NO AVAIL.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

THE INMATE POPULATION IS LEFT TO SUFFER FROM THEIR INJURIES, CREATING LIFE LONG DEFECIECIES WHICH IN TURN HAS A NEGATIVE IMPACT ON THEIR DAILY LIVES.

5. **Administrative Remedies.**
 - a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
 - b. Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
 - c. Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
 - d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM III

1. State the constitutional or other federal civil right that was violated: DENIAL OF EDUCATIONAL AND REHABILITATIONAL PROGRAMS AS WELL AS JOBS

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

THIS INSTITUTION CURRENTLY HAS NO AA • NA • DED OR ANY OTHER PROGRAMS AVAILABLE, TO THE INMATE POPULATION IN MERCEDS MAIN JAIL. IT HAS A BEHAVIORAL INTERVENTION PROGRAM WHICH IS ONLY ENTITLED TO INMATES WHO ARE ON PROBATION OR OTHERWISE OFFENDERS WITH LESSER CHARGES.. INMATES ARE DENIED THESE PROGRAMS BASED OFF OF NOTHING MORE THAN PAST CONVICTIONS • CURRENT ALLEGATIONS AND ASSUMPTIONS THAT THEY DO NOT WANT TO CHANGE OR BETTER THEMSELVES. MANY INMATES NOT JUST US (PLAINTIFFS) HAVE BEEN INCARCERATED 2+ YEARS, AND NEVER BEEN PROVIDED THE CHANCE TO WORK OR EDUCATE OURSELVES. WE HAVE NOT BEEN CONVICTED OF ANY CRIMES YET ARE BEING DENIED THESE THINGS BASED ON THE AFOREMENTIONED CRITERIA, AND MANY OF US BECAUSE WE ARE REPEAT OFFENDERS WHO OBVIOUSLY DON'T WANT TO CHANGE (WORDS OF AN OFFICER) HERE IN MERCED COUNTY....

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

BY BEING DENIED THESE OPPORTUNITIES WE LOSE THE CHANCE TO WORK TOWARDS REHABILITATION, WHICH IS THE GOAL OF ANY INSTITUTION....

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

WE ARE SEEKING THE EQUAL OPPORTUNITY TO PARTAKE IN EDUCATIONAL AND
BEHAVIORAL PROGRAMS SAME AS OTHERS. SECOND THAT THE MEDICAL CARE
IN THIS COUNTY BE LESS RESTRICTED, AND ALLOWED TO TREAT INMATES FOR
THEIR NEEDS ACCORDINGLY. LASTLY WE'RE SEEKING TO BE TAKEN OUT OF
SEGREGATION AND INTEGRATED WITH OTHER INMATES (GEN. POP.) IN THE
MANNER WE BROUGHT TO LIGHT IN CLAIM 2....

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/7/22
DATE

AR. OSM. GUNTER CORTER
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.